Plea	se print of Mae										
	NON-HAZARDOUS WASTE MANIFEST	1. Generator's U			Manifest Document No.	2. Page 1					
1	3. Generator's Name and Mailing Address  Douglas Aircraft Company, M/S D009-D020 Attn: Marcia Sattgast  3855 Lakewood Blvd. Long Beach, CA 90846  4. Generator's Phone ( (310) 498-8287 or (310) 593-3101					NON HAZARDOUS MAN# 10789 H A HQ 3 6 0 0 5 6 9 8					
	Transporter 1 Company Name     Ecology Control Industries     Transporter 2 Company Name	CAD982030173				A. Transporter's Phone (310) 320 - 2555  B. Transporter's Phone					
	Designated Facility Name and Site Address     Azuza Land Reclamation     1201 West Gladstone	10, US EPA ID Number C. Facility's						Phone			
	Azuza CA 91702  11. Waste Shipping Name and Description		CA C	0090	07626		2. Con	(81 tainers	8) 334-0 13. Total	791 14. Unit	
	° Transite Pipe						No.	Туре	Quantity	Wt/Vol	
	Non- Hazardous waste s	solid				K	0.1	ВА	0.0.5.6.0	P	
GENE	<b>V</b>					100					
R A T O	<b>c</b> .										
R	d.								Hajot ci i	A CONTRACTOR	
	D. Additional Descriptions for Materials Listed A					E. Handli	 ng Code	es for W	astes Listed Above	9	
	11a. Non friable asbestos containing m	atenai pipe.									
	15. Special Handling Instructions and Additional Information 24 Hour emergency telephone number ( 800) 424- 9300 (Chemtrec). Facilities Emergency phone Number (562) 593- 6111. DOT ERG# 11a) 171 Site address: 19503 South Normandie Avenue, Torrance, CA 90502  J/N 210917										
	16. GENERATOR'S CERTIFICATION: I certify the Printed/Typed Name	materials described ab		manifest are not gnature	subject to federal re-	gulation for	reporting	proper c	lisposal of Hazardou Month Day		
) II	17. Transporter 1 Acknowledgement of Receipt o	f Materials					eometal <sup>a</sup> .		105115	<u> </u>	
r 4 Z VÀ	Printed/Typed Name Ignacin Heinandoz			Signature				Month Day Year 0.5 1.5 9.8			
TRAZSPORTER	18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name			Signature				Month Day Year			
FACILI	19. Discrepancy Indication Space					et peter in discontinuo del primer					
L I T Y	20. Facility Owner or Operator: Certification of r	eceipt of waste mate	erials covere	ed by this mani	fest except as note	ed in Item 1	9.				
1	/Printed/Typed Name	era	Sig	gnature	COVVAC	λ -			Month Day	Year	
	TRANSPORTER #2										